

## DIRECT DEPOSIT AUTHORIZATION

**INSTRUCTIONS:** To establish or change a direct deposit to a CHECKING account, attach a voided personal check drawn on the account that will receive the direct deposit and complete Section 1 below. Complete Section 2 if a voided check is not attached or the direct deposit is to be credited to a "Savings Account." Section 2 of this form must be completed by a representative of the financial institution.

### SECTION 1 – TO BE COMPLETED BY EMPLOYEE (LOSAP RECIPIENT)

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work or Cell Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Transaction Type: \_\_\_\_\_ Enrollment \_\_\_\_\_ Change (See Note 1-Changes) \_\_\_\_\_ Cancellation

Account Type: \_\_\_\_\_ Checking (attach voided check) OR \_\_\_\_\_ Savings Account (complete Section 2 below)

Financial Institution: \_\_\_\_\_ Bank Acct # \_\_\_\_\_

I hereby authorize Montgomery County, Maryland (hereinafter called the "County") to deposit my net salary with the bank named above (hereinafter called the "bank" to credit same to the checking or savings account described on the attached voided check or below. This authorization is to remain in force until the County has received written notification from me of its termination in such time and in such manner as to afford the County and/or the Bank a reasonable opportunity to act upon it.

In the event that the County notifies the Bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the Bank to return said funds to the County as soon as possible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2 – TO BE COMPLETED BY FINANCIAL INSTITUTION

You do not need to complete Section 2 if a voided check is attached to this form.

We, the below-designated financial organization, hereby agree to receive and deposit sums for the payee named herein. We understand that the account number shown for the payee named herein will be included on individual credits to his/her account. We understand that the payee named above has the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee. We agree to honor the employee's authorization (above) to return funds deposited in their account inadvertently, when requested by Montgomery County, Maryland.

Financial Institution: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Checking or \_\_\_\_\_ Savings

\_\_\_\_\_  
SIGNATURE OF BANK OFFICER

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone No.